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ABSTRACT

Through the implementation of a combination of five critical concepts, the Regional Institute for Children and Adolescents (RICA) Cheltenham program in Maryland attempts to provide a milieu whereby all activities are designed to have therapeutic impact on the students. Essentially, each adult, as a team member, becomes a provider of therapeutic services in concert with others. The "system" at RICA-Cheltenham emphasizes the development of a network or community effect whereby certain important messages are emphasized through specific means of communication including a common language. The sense of community is emphasized through the development of family alliances and stability, the focus on self-esteem and the resulting respect for self and others, and the enhancement of growth, development, independence, and responsibility. These latter emphases represent the treatment objectives at RICA-Cheltenham. (Author)

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A Conceptual Framework for Providing Services to Seriously Emotionally Disturbed Children and Adolescents

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ABSTRACT

Through the implementation of a combination of five critical concepts, the RICA-Cheltenham program attempts to provide a milieu whereby all activities are designed to have therapeutic impact on the students. Essentially, each adult, as a team member, becomes a provider of therapeutic services in concert with others. The "system" at RICA-Cheltenham emphasizes the development of a network or community effect whereby certain important messages are emphasized through specific means of communication including a common language. The sense of community is emphasized through the development of family alliances and stability, the focus on self-esteem and the resulting respect for self and others, and the enhancement of growth, development, independence, and responsibility. These latter emphases represent the treatment objectives at RICA-Cheltenham.

RICA (Regional Institute for Children and Adolescents)-Cheltenham Center is a day and residential treatment program for seriously emotionally disturbed children and adolescents. It is located in Prince George County, Maryland, a suburb of Washington, D.C., and serves a four-county area in southern Maryland. Established in 1976, it was developed as a public interagency program with the purpose of providing special education and mental health services to the targeted population without removing them from their home communities. All students are referred to the program to be screened for admission through a process detailed by the state's special education bylaws.

The program serves 75 male and female students of elementary, junior high, and senior high school ages (approximately 10-18 years old). The most restrictive level of services, residential care, is received by 20 students while the remainder attend the day school program. Residential and day students are fully integrated within the school program. The average length of stay for all students is approximately 2 years.

In order to be admitted to the RICA-Cheltenham program students must meet a combination of criteria promulgated by State Board of Education bylaws and State Health Department criteria. Up-to-date psychological and psychiatric reports must reflect the criteria. The bylaws provide a definition which stresses the demonstration of one or more specific characteristics over

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a long period of time and to a marked degree and which adversely affect(s) educational performance. The characteristics are as follows:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression;
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

State Health Department criteria focus on mental health factors and stress the importance of severe mental illness. Particular emphasis is placed on major mood and thought disorders. Conduct disorders and/or drug abuse, by themselves, are not criteria for admission. Students who are judged to be imminently dangerous to themselves or other are referred for psychiatric hospitalization. Students are only accepted if RICA-Cheltenham is the least restrictive appropriate environment available.

Upon admission, students are assigned to one of three teams, elementary, junior high, or senior high, according to their level of school placement. Each team provides an array of multidisciplinary services by components representing educational, mental health, residential, and medical. Each component represents a separately administered section of the program integrated with the others through the team structure.

The education component provides special education services to the students emphasizing the identification and clarification of each student's academic, social, physical, and perceptual strengths and weaknesses in concert with the local board of education's curriculums. It includes a mainstream program so that students who have made significant progress can begin a re-integration process to less restrictive educational programs. The average class has nine students assigned to a special education teacher and an aide. In addition to certified special education teachers the school program has teachers specializing and certified in the areas of art, music, physical education, and reading.

The extent of the students' emotional problems requires intensive therapeutic services. The mental health component provides direct services through individual, group, and family therapy to the students and their families. The mental health practitioners, either psychologists or psychiatric social workers, are active in consultative roles to the other components with regard to mental health matters. They also direct the formulation of the students' treatment plans with team members from the other components.

For some students the least restrictive level of appropriate services needed is provided through RICA-Cheltenham's residential component. It provides a structured living milieu designed to enhance the students' growth and maturity through their living as members of a community. Emphasis is placed on aiding the students' development of skills in interpersonal communication and problem solving. Residential staff provide counseling and are certified as child care workers in the state's personnel system.

Treatment of minor illnesses and injuries, physical examinations, and psychiatric consultation and evaluation are provided by the medical component. It coordinates the dissemination and receipt of medical and psychiatric records regarding RICA-Cheltenham students with professionals in the community. Medical and psychiatric issues of individual students are coordinated through the appropriate team and treatment plans. Medical services are

provided on a part-time basis by a physician, a psychiatrist, and a dentist, and on a full-time basis by nursing staff.

As members of teams, representatives of these components cojointly formulate and implement treatment plans. The treatment plans attempt to provide adequate structure for each student while also being receptive to the various needs for self-exploration and self-expression that each student has. Emphasis is placed on aiding each student to accept responsibility for his/her actions and to find his/her own growth and adjustment.

CRITICAL CONCEPTS

The notion of community-based treatment provides the philosophical underpinning upon which the program's system of service delivery operates. RICA-Cheltenham's existence, concepts, and techniques for treatment stresses the belief that clinical treatment should reinforce the normal social units responsible for children (Hobbs, 1975). The program recognizes the need for such treatment to occur in the most appropriate and least restrictive environment possible. Towards that end a specific model of programming for seriously emotionally disturbed children and adolescents has been developed. It is characterized by the combination and organization of five critical concepts which are implemented in the day-to-day functioning of the program in very concrete ways. Each are described below:

Positive expectations. The focus of the educational and therapeutic interventions made in the program is oriented toward positive expectations. This is not to say that the problems and shortcomings of the students are ignored. Realistic and serious consideration is given to such problems and shortcomings during the screening process, as well as during the planning of educational and therapeutic strategies. However,a strong emphasis is continually placed on the best that each student has to offer. An attempt is made to consciously focus on positive attributes and strengths within each student, and to encourage their development. An attempt is also made to maintain a generally optimistic attitude with regard to the potential for each student, as well as the motivation behind various inappropriate and disturbing behaviors.

The implementation of the concept of positive expectations starts with the initial review of referral material, when an attempt is made to identify positive attributes and potentials of the students which could be facilitated by the RICA-Cheltenham program. In some cases this will result in an attempt to begin planning for some special programming not already available, and in other cases it will simply lead to a notation to include such things in the initial educational and treatment plans. Once the student is actually in the program, careful observation will be made in an attempt to identify additional strengths that could be emphasized and further augmented. Also, attempts are made to point out to the student positive behaviors and attributes which, in turn, can enhance the self-esteem of the student.

A poignant example of the utilization of this concept is shown by the programming for a 15-year-old female student. Information from the records and from the initial interview revealed that this young lady had considerable artistic talent in drawing and painting. Strategies included in her treatment plan emphasized the utilization of this talent in her academic program and as a mode of therapy. Furthermore, because of her growing interest and motivation, planning was directed towards helping her become prepared for a return to a regular or fine arts school program where she could utilize and expand her talents.

Circle of adults. Although it is technically possible for a student to remain in

the RICA-Cheltenham program until one day before his or her 22nd birthday, it is quite rare. The vast majority of the students are under the age of 18 and are, therefore, legally minors. The concept of the circle of adults has evolved to describe the pattern that is encouraged with regard to the interactions between the student and the significant adults in his/her life (Hobbs, 1975). The core of the significant group of adults is, of course, the parents and other close relatives. However, it can also include friends of the family who are not relatives, neighbors, representatives of various social agencies, private therapists, or almost any other adult who is involved in the life of the student in a significant and caring way. It is assumed that the RICA-Cheltenham staff who are working with the student will also become part of the circle. The image of the circle has evolved in part because of the connotation of containment, since limit setting and limit testing are frequently significant issues with the students. The image of the circle also implies very strongly that the significant adults around the student have joined their efforts in a cooperative fashion to try to help the student. Daily contact between the adults and the student is viewed as an opportunity for his/her therapeutic education or reeducation (Trieschman, 1969). This attitude of cooperative effort on the part of all the adults is consciously and carefully cultivated at each opportunity. The ultimate goal is that each student will be able to join the circle through the development of mature decision-making and coping skills.

The initial application of the concept of the circle of adults is made when the prescreening interview is scheduled. This interview occurs after a referral has been made and after receipt of appropriate information about the student's education and therapeutic history. A letter is sent to the parents of the referred student explaining that it is the program's belief and exprience that in order to effectively serve their child all of the significant adults in his/her life must join together in a cooperative effort. It further states that it is necessary for both parents (if both are still alive and involved in the student's life in any way), other significant adults (frequently including case workers, probation officers or therapists), and the child to attend the prescreening interview. A suggested meeting time is provided and the parents are asked to call to confirm the appointment.

At the interview an attempt is made to expose the student and the parents to staff members representing each component of RICA-Cheltenham, so that the cooperative interaction of various adults in the circle can be modeled by these staff members. This same policy is then pursued as the student moves through the program, with an attempt being made to underscore for the student the fact that all of the staff members involved with him/her are trying to work in concert for his/her benefit.

One of the most direct ways in which the concept of the circle of adults is implemented is through the organization into teams. There are three teams: elementary, junior high, and senior high. Each team has representatives from each of the four components of the program (educational, mental health, residential, and medical), and is carefully coordinated so that the members of each component have regular contact. In addition to formally structured contact such as treatment planning meetings and supervisory meetings, members of the teams attempt to be available to each other on an informal basis to share important information about the progress of students. An opportunity is provided for such sharing on a regular basis in that each team meets at least 8 times per week (daily morning meetings before school begins and afternoon meetings after school 3 days per week) for 30 to 45 minutes.

Individual educational and treatment plans are designed and implemented

through the mechanism of the circle of adults. These plans are drafted through the collective engagements of team members. Efforts are made to ensure that the plans reflect a consensus of opinion of the team.

Respect for the family unit. The family is the universal primary social unit (Fleck, 1980). Whittaker (1978) stresses the importance of involving, rather than isolating, the family in the treatment of seriously emotionally disturbed children and adolescents. He further suggests that effective involvement of the family raises the probability of successful treatment. Just as the parents are seen as the core of the circle of adults, the overall family unit is seen as the most central and significant part of the student's social matrix (Haley, 1979). Although a student may be in the RICA-Cheltenham program for as long as 2 or 3 years, it is acknowledged and emphasized at the outset that his/her involvement with his/her family will be, and should be, much greater and more enduring that this. Efforts are accordingly made carefully and continuously to respect the family unit, and particular emphasis is placed on the authority and dominion of the parents over their minor children. In this manner it is hoped that the family unit will be strengthened and the potential benefit to the student of his/her family bonds will thereby enhanced. Whether the student is trying to become integrated into the family unit or is trying to separate from it (in late adolescence), the ultimate significance of the family unit must continuously be acknowledged and underscored. Although this process can be complex at times (e.g., when it is unclear whom to regard as family or when the influence of the family seems, at some level, to be very destructive to the student), nevertheless the respect for the family unit is a central and critical component in the function of the RICA-Cheltenham program.

The concept of respect for the family unit is also shown quite clearly at the time of referral when the importance of having all family members attend the prescreening interview is stressed. Once again the greatest emphasis is placed on the participation of the parents. Siblings and other extended family members are also positively connoted in terms of their potential benefit for the student. Sometimes this process assumes a slightly adversarial flavor, in that certain members of the family may not wish to participate. However, such participation is pursued with an attempt being made to avoid an adversarial tone and instead, to underscore the importance of the family member. This same sort of policy is then extended to the participation of all family members in family therapy and to the participation of both parents in planning meetings, suspension conferences, and any other meetings where important decisions about the future of the student must be made.

This concept is greatly emphasized with the residential students. The decision to place a student in the residence is treated very seriously. While the student is being removed from his/her home, it is emphasized to be a temporary measure. The goal of full-time reintegration into the family unit is kept in the forefront of planning. When students enter the residence they and their families are immediately involved in designing a plan and schedule for return to day student status. Usually, this plan involves the increased frequency of family therapy meetings, and occasionally the increased participation in family therapy by extended family members.

Responsibility and choices. Strong emphasis is placed on the importance of accepting responsibility when appropriate and on making choices based on the acceptance of this responsibilty. With regard to the concept of respect for the family unit, the issue of responsibility is salient when considering the responsibility of the parents for their children. The manifestation of this

concept is sometimes an open and direct acknowledgement of the responsibility that parents bear for their children and the choices they make in light of this responsibility. With regard to individual students, the issue of responsibility is seen as a developmental one. Their choices, unique to themselves, define them (Ofman, 1980). They are expected to assume increasing responsibility for their own affairs as a function of their age. Crisis intervention counseling, as well as ongoing group and individual psychotherapy, frequently revolves around the issues of responsibility and of the choices that students make in response to the options they have available to them (Glasser, 1974).

The importance of the responsibility of the parents for their minor children is underscored at the outset of the screening process. When a referral is made to RICA-Cheltenham and it is determined that it is generally an appropriate referral supported by adequate referral material, the parents are contacted and invited to meet with representatives of the staff for a prescreening meeting, as described above. They are informed that their child has been referred to the program and that they must now assume the responsibility of making formal application for admission, if they want this to occur. The program is explained to them in detail and a history is taken of the student's difficulties as well as the family's history. Then, if the parents feel that they do wish to make formal application for admission, they are presented with a document entitled, "Application Agreement for Families." This document outlines the responsibilities that the parents will be assuming if they choose to apply for the admission of their child (e.g., participation in family therapy, attending crisis meetings, attending individual educational and treatment plan conferences, continuing to provide clothing and school supplies for the student) and they are encouraged to review the implications of this decision. In signing the application agreement they are concurrently agreeing to the conditions that will be imposed upon them if their child is, in fact, accepted into the program. The attitude that parents must assume ultimate responsibility for their children is then carried on throughout the course of the student's participation at RICA-Cheltenham by carefully observing requirements for parental consent for field trips and other special events, for medical treatment, by insisting that parents assume financial responsibility for any damage of property that their child may cause, and by insisting that the parents remove the child from the program if this should be required due to grossly inappropriate behavior, medical condition, or any other such cause.

Students are constantly reminded of their responsibility for their own behavior through the implementation of a behavior management level system. This system is essentially an elaborate scheme for monitoring each student's behavior and for providing appropriate consequences for both positive and negative behavior. Each student's behavior is monitored on several dimensions during each period of the day while he/she is at school and in the residence. The tallies of these scores lead to either advancement or demotion on the level system.

The behaviors monitored fall into positive and negative domains. They were selected on the basis that they reflect behavior standards for social situations. Additionally, they have often been utilized as descriptors of behavior in referrals of students by school personnel. Four positive behaviors are designated and monitored: (a) positive interaction, (b) cooperation, (c) ignoring, and (3) the individual behavior goal. Students are given credit for having positive interactions with peers and staff. These interactions refer to friendly behavior such as saying "hello" or some other appropriate greeting, or carry-

ing on social conversations with others. Cooperation or following adult directions quickly are also credited. Students are encouraged to ignore the distracting behavior of peers and to remain on task and are so reinforced. Every student has an individual behavior goal which emphasizes replacing a particular negative problem behavior with a positive acceptable behavior. The individual behavior goal is also monitored during each period.

There are also four negative behaviors that are considered: (a) aggression, (b) uncooperativeness, (c) out of location, and (d) distraction. Aggression refers to any verbal, physical, or intimidating behavior. Uncooperative behavior which runs counter to adult directions is also marked when it occurs. Distracting behavior which may or does take others off task, as well as oneself, is recorded. Finally, students who are away from their assigned areas, or out of location, recieve a mark in the negative column.

Students are assigned baselines of positive and negative behaviors. The combination of meeting or exceeding the positive baseline and staying under or meeting the maximum negative baseline earns the students successful days. By accumulating a specific number of successful days without receiving more than the allowed number of unsuccessful days allows the student to move to a higher level. Students see their social interaction sheets during each period and are able to keep track of their progress throughout the day. Staff are careful to let the students know when and why they are receiving particular positive or negative marks. The achievement of successful or unsuccessful days at school places the residential students on status levels to receive various levels of activities that evening. Many families have similar schedules of reinforcers at home.

All students also have their behavior monitored at home. In the context of family therapy, each family develops a set of behavioral expectations for its child. These expectations are monitored and recorded each day, and constitute a factor in the achievement of a successful day. They are communicated each day to the center as it is the child's responsibility to carry his/her sheet to home and to school.

The beginning level for each student is level 1 and the highest level that can be achieved is level 7. As the student progresses through levels by increasing the positive behaviors and decreasing the negative behaviors, he/she earns a correspondingly greater degree of freedom and greater privileges. Greater degrees of freedom include such concrete things as being allowed to move from area to area without direct supervision or to hold a job at school or off campus. Examples of privileges would be the opportunity to purchase soft drinks during the day or to attend a special event. Ultimately, progress in the level system is used as an indication of a student's readiness to move to a less restrictive environment, e.g., to leave the residence to return home and to be mainstreamed to a regular school with eventual return to a home area school. In addition to the constant presence of the monitoring of the students' behavior on the level system, students are also reminded verbally of their responsibility and the fact that they are making a choice even when they choose not to choose.

Continuity, consistency, and flexibility. Students who enter the RICA-Cheltenham program have frequently been exposed to a broad range of programs and interventions, both educational and therapeutic, before being referred to RICA-Cheltenham. Also, the family history of many of the students is somewhat chaotic. These histories may include disruptions of the actual family structure, with consequential placements in a series of temporary homes, or may reflect a chaotic type of organization and function within the

single ongoing family unit. In any case, at RICA-Cheltenham it is felt that a certain degree of predictability in the students' environment will be helpful to the building of a sense of security. Continuity and consistency of structure and policy is therefore pursued to a substantial extent. However, some flexibility is also required both as a matter of optimum decision-making at any given point in time, as well as providing an example to the students of flexible or adaptive behavior (Glasser, 1975).

A number of the aspects of the structure of the program already mentioned have direct impact on the attempt to implement the concepts of continuity, consistency, and flexibility. Foremost among these is the team concept. By coordinating the efforts of the various components that make up each of the three teams it is possible to provide consistency in the approach to each student. Also, by maintaining very active communication with the family, the consistency and continuity of the approach is extended into the home environment as well. Some attempt to make this continuity direct and concrete is reflected in the manner in which students are brought to school on the buses in the morning and sent home in the afternoon. Each student's behavior is monitored by the aide on the bus and a report of this monitoring is delivered directly into the hands of a RICA-Cheltenham staff member when the bus arrives at the school and as the students are disembarking. At the end of the day a similar procedure is carried out in which a staff member is available to meet with the bus driver and the aide as the students are boarded and any important information is passed along at that time.

Although continuity and consistency are stressed, so is flexibility. Flexibility implies not only the ability to provide different specific treatment strategies for different students, but also the ability of the program to adjust to changing needs within each student. Sometimes it has not been clear at the time of the development of the initial treatment plan that a student will require a certain approach. The frequent meeting of team members provides the opportunity to update and modify treatment plans as needed. Also, an attempt is made to cultivate trust among various staff members so that a situation requiring an immediate change in treatment strategy can be handled by a staff member with the assurance that other staff members will support whatever new policy has been implemented. Discussion of such emergency interventions is then reserved for a later time when the student is not present.

Another very significant tool in implementing the concepts of continuity and consistency is the level system. This provides a standardized procedure for evaluating the behavior, both positive and negative, of each student. A set vocabulary is provided with the level system and carefully defined within it. Hence the consistency of response by staff members across the course of a day is very high since the descriptions of the behaviors are quite precise. Also continuity is very much enhanced by the level system since the system is in effect 24 hours a day and 7 days a week. The rating sheet (the Social Interaction Sheet) is sent home from school each day for the parents to review and then to make their evening ratings. The sheet is returned to the school the next day and the results of the entire previous day's ratings (including the parents' ratings in the evening) are recorded.

The ultimate expression of continuity occurs during the transition of students to less restrictive placements. A formal mainstream program exists to aide the students' reintegration into more regular placements. The program has affiliations with three local schools at which elementary, junior high, and senior high age students can spend approximately 60% of their school day.

Potential mainstream students first attend a premainstream class for a

minimum of 2 weeks before entering the regular school program. During this time, activities which deal with preparation for the new experience are emphasized. Discussions are held with students who are being mainstreamed so that they may impart their experiences. A major purpose of this class is to develop a support group among the mainstreamed students so that they may discuss pertinent issues and help each other solve problems that may arise. Mainstreamed students continue in this class which is held upon their return from the mainstream school.

The class is led by one of the center's special education teachers. This teacher is responsible for liaison activities between RICA-Cheltenham and the mainstream schools. The mainstream teacher spends designated periods of time at the mainstream schools and coordinates the monitoring of the students' activities in those schools with the students' teachers and with their parents.

Students who prove successful in the mainstream experience as determined by evaluation of their academic, behavioral, and social performances are referred to their home schools by RICA-Cheltenham. A formal presentation of each student's history, progress, and needs are outlined for the receiving school. Jointly, staffs of the receiving school and RICA-Cheltenham develop an appropriate program for the student. This is done in conjunction with the student and his/her parents.

The mainstream program's success can be measured by how well its graduates have done in less restrictive educational placements. For the purposes of this discussion, a successful student has been defined as one who has been able to maintain his/her less restrictive placement for 2 school years or who has graduated with a high school diploma. Since the mainstream program began during the 1977-78 school year 76 students have participated (through the 1980-81 school year). Of these students, 61 were recommended for less restrictive educational placements; 45 (73.7%) have reached these success criteria.

SUMMARY

The RICA-Cheltenham program bases its delivery of services to seriously emotionally disturbed youth on a combination of five critical concepts: (a) positive expectations, (b) circle of adults, (c) respect for the family unit, (d) responsibility and choices, and (e) continuity, consistency, and flexibility. Through the communication of these concepts the program attempts to positively impact students and their families and to aide them to take charge of their lives, make appropriate choices, and achieve the success they desire. RICA-Cheltenham utilizes several tools to implement the concepts. Among them are its method of screening students for admission, its multidisciplinary team organization and programming, its 24-hour behavior management system, its mechanisms for family involvement and support, and its mainstream program.

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